Under the Peperson Beduction Act of 1895, no persons are required to respond to a collection of information unless & displace a yard Chile control tember. PATENT APPLICATION FEE DETERMINATION RECORD Application or Dockel Number Substitute for Form PTO-876 Bliechie December 6, 2004 APPLICATION AS FILED - PARTI (Column 1) OTHER THAN (Coimin 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA hasic fee RATE (\$ FEE RATE (\$1 NA (37 CFR 1 16(4) (6) a (6)) PEE(S) H/A A-UA 150.00 ŇΙΑ 9 EARCH FEE 300.00 (31 CFR 1 16(N. 14, or 174) NA NIA NVA \$250 NIA E XXXIINATION FEE \$600 (37 CFR 1 16|0). (p). or (q)) NA N/A NA \$100 TOTAL CLAIMS NA \$200 (37.CFR 1 1610) X\$ 25 MUNUS 20 . INDEPENDENT CLAIMS X\$50 ÓØ (37 CFR 1 16(N)) C Numm X100 X200 Il the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due 4 \$260 (\$128 for small entity) for each 137 CFR | 16(4)) additional 50 sheets or fraction thereof, See IS U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16/11 +180= 4360= • If the difference in column 1 is less then zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) AFTER MENDMENT ADDI-Préviously EXTRA RATE(\$) HOOK TIONAL PAID FOR TIONAL pi cra Lien FEE (1) Minus FEE (1) X\$ 25 X\$50 hospendent . OR Minus X100 X200 Application Size Fée (31 CFR 1.16(s)) **O**R ¢ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.160) +18Ö= +360= OR TOTAL TOTAL. ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING. 0 NUMBER **PRESENT** RATE (1) AFTER ADDI-RATE (\$) PREVIOUSLY EXTRA ADOI-MENOMENT TIONAL PAID FOR TIONAL FEE (1) FEE (1) Total Minus PANENDM X\$ 25 X\$50 OR encipendent. Minue X100 X200 Application 8124 F44 (37 CFR 1.16(8)) **OR** first presentation of multiple dependent claim. (At CFR 1.160) +180a +360z OR TOTAL TOTAL If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The Highest Number Previously Paid For" (Total or Independent is the highest number found in the entrophate box in column 1.

If the Highest Number Previously Paid For" (Total or Independent is the highest number found in the entrophate box in column 1.

If the Highest Number Previously Paid For Total or Independent is the highest number found in the entrophate box in column 1.

If the Substitution of Independent in the complete is potented by 35 U.S.Q. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete, buding pathedge, prepading, and submitting the completed application form to the USPTO. Time will vain depending upon the Individual case, Any comments the simound of time you require to complete this form and/or suggestions for reducing this burden, should be cent to the Crief Infermation Officer, U.S. Peatent 17 the demand of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORBESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450. **OR** ADD'L FEE